

**STATE OF TENNESSEE PLAN
FOR
BEST PRACTICES AND STANDARDS
FOR
PREVENTION PROGRAMS**

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**TENNESSEE DEPARTMENT OF HEALTH
BUREAU OF ALCOHOL AND DRUG ABUSE SERVICES
DIVISION OF PREVENTION SERVICES**

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STATE PREVENTION PLAN

The Division of Prevention, Bureau of Alcohol and Drug Abuse Services, Department of Health, with collaboration of the Prevention Advisory Committee proposes the following to be used as the Bureau of Alcohol and Drug Abuse Services State Prevention Plan. We recognize that all state departments and organizations that provide prevention services to children, youth, families, and/or adults have developed individual service plans within their areas. As the primary State departments for prevention, the Departments of Children's Services, Education, Health, and Juvenile Justice recognize that many problem behaviors, such as alcohol, tobacco and other drug use, crime and delinquency, teen pregnancy, school dropout, etc., have a fairly common set of precursory conditions or risk factors. Therefore, a collaborative framework is necessary in which agencies establish a common language of prevention and, wherever possible, identify common outcomes and measures of success for the benefit of Tennessee's youth, families and communities. This plan is not a comprehensive approach for all State departmental programs that would include the Departments of Education, Juvenile Justice, Children's Services prevention programs. However, it provides a framework for a comprehensive and statewide prevention initiative that is consistent with the philosophy or theories that have been adopted by these departments.

A framework for a comprehensive and statewide prevention initiative should not focus merely on reducing alcohol, tobacco and other drug abuse. Prevention begins with the reduction of risk factors associated with the unhealthy or illegal use of alcohol, tobacco, and any other drug. Prevention policies, resources, and initiatives must protect our citizens at all ages, regardless of gender, culture, or ethnicity. It is important that our efforts be grounded in sound theory that is translated into effective practice.

Risk and Protective Factor Theory

The theoretical framework in the drug prevention field has been evolving over time. One of the most important developments in this process has been the identification of individual, peer group, family, school, and community factors associated with alcohol, tobacco, and other drug use. Risk factors are markers of the likelihood of problem behaviors. Protective factors promote health and well being and combat risk with resiliency.

The professional literature offers a rich body of research on risk factors for substance use and abuse among children, youth, and young adults. The major strength of this research is its predictive value: the more potent the risk factors a child or youth experiences are, the more likely it is that he or she will experience substance abuse and related problems in adolescence or young adulthood. However, risk factor research does not usually guarantee causative links between risks and later problems (Hawkins, Catalano, & Miller, 1992).

Risk and protective factors exist in six life areas or domains. The domains or life areas have been identified as Individual, Peer, School/Work, Community, Family, and Society/Environment. Characteristics and conditions that exist within each domain of activity also function as risk or protective factors that help propel individuals to, or safeguard them from alcohol, tobacco, and other substance abuse. These factors work independently, but may interact with sociodemographics such as gender, age, culture, or ethnicity.

To be effective, prevention programs and activities must address both risk and protective factors. Initiatives must identify and prioritize these factors, include strategies to reduce the effects of risk, and strengthen the factors that protect.

For years, the risk and protective factor research has influenced Tennessee's prevention programs. Programs at the federal, state, and local levels have prioritized the integration of this conceptual framework. Concurrently, the Bureau has incorporated this research into the funding and evaluation criteria of three agencies, one agency in each of the three grand divisions.

“Science-based” is a term that refers to a process in which experts, using commonly agreed upon criteria for rating research interventions, come to a consensus that evaluation research findings are credible and have been substantiated via multiple studies and across multiple sites. This process may also be referred to as “research-based” or “evidenced-based.” (Excerpt from CAPT “Glossary of Science-Base Prevention Terminology”).

The proposed prevention framework adopts the Center for Substance Abuse Prevention's levels of program credibility for scientific review:

Program Review Criteria

1. **Theory:** the degree to which findings are grounded in sound theory, reflect clearly stated hypotheses, and are operationally relevant
2. **Sampling strategy and implementation:** the quality of sampling design and implementation and strength of evidence concerning sample quality (e.g., data on attrition)
3. **Measures:** operational relevance, psychometric quality of measures used in the evaluation, and quality of supporting evidence
4. **Data collection:** quality of data collection implementation (e.g., amount of missing data)
5. **Fidelity of interventions:** evidence of high-fidelity implementation of program, as designed, and sufficiency of dosage (e.g., duration, intensity, and frequency) to effect positive change
6. **Analysis:** appropriateness and adequacy of statistical techniques used in analysis
7. **Plausible threats to validity:** degree to which evaluation design and implementation addresses and eliminates reasonable alter-native hypotheses about program effects and warrant strong causal attributions

8. **Integrity:** overall level of confidence in project findings based on the research design and implementation
9. **Utility:** strength of findings and strength of evaluation to determine if findings were consistent with respect to expectations or predictions from theory

Institute of Medicine Prevention Classifications

The Institute of Medicine's (IOM) prevention program classification system is useful in understanding the differing objectives of various interventions and matching them to the needs of a targeted population (Kumpfer et al., 1997). The IOM system classifies prevention interventions according to the population they affect (Gordon, 1987). Universal interventions target general population groups without reference to those at particular risk. All members of a community benefit from a universal prevention effort, not just specific individuals or groups within a community. Selective interventions target those who are at greater-than-average risk for substance use. Targeted individuals are identified on the basis of the nature and number of risk factors for substance use to which they may be exposed. Indicated interventions are aimed at individuals who may already display signs of substance use or abuse and are designed to prevent the onset of regular or heavy substance use (Guide to Science-Based Practices, SAMHSA, CSAP).

Why Use Scientifically Defensible Principles?

Prevention programs today must produce tangible results. State and federal agencies, local governments, and private foundations are interested in funding programs with measurable outcomes. The new emphasis on performance means that prevention practitioners must show that the programs they propose achieve the results predicted. The prevention field now has an empirical knowledge base to assist practitioners in selecting proven approaches for their programs. Using scientifically defensible principles will help practitioners respond to demands for accountability and will simultaneously ensure that program participants receive the most effective services available.

Scientific research is critical in developing strategies that are credible and appropriate for a particular population. Applying knowledge collected from program planning, implementation, and evaluation will protect a program's effectiveness. Outcomes become more clearly defined and drive the selection of strategies developed for a particular goal and objective.

Because prevention activities affect people, especially youth, it is the obligation of government and other community institutions to provide the best programs or practices available. This means that the community and organizations that plan and implement prevention programs need to know how to assess risk and protective factors, identify target populations based on the risk assessment, and match the best prevention practices available to the appropriate target population.

Additionally, a prevention program must be based on a strong logic model. It is not enough to select a science-based program without careful consideration of critical logical elements. Each program or practice must be able to show the relationships --“theory of change”-- between priority risk and protective factors, the target population, outcomes, and the selected strategy.

Finally, there are costs and savings estimated with science-based prevention programming. Research in this area is providing results that indicate comprehensive drug abuse prevention programs--such as multi-component, community-based prevention programs--are highly cost-beneficial and cost-effective. For policymakers and program administrators, the decision to adopt a comprehensive community-based drug abuse prevention program depends on research and benefits of this type.

PURPOSE OF A STATEWIDE PREVENTION PLAN

The purpose of this plan is to improve the current prevention system. The Prevention Advisory Council, collaboratively with the Bureau, developed this Tennessee Prevention Plan document. The Council is composed of representatives from the prevention field who were invited by the Bureau to participate (i.e., community prevention service providers, schools, state agencies and statewide organizations, and community anti-drug coalitions). After several working meetings, the group identified principal issues and made recommendations in four general areas for improving the State’s prevention system.

Policy... Resources (Fiscal, Human, Information, and Technology)... Collaboration... Research and Evaluation

These principal issues address the essential elements to move Tennessee’s prevention system to a comprehensive, multifaceted, programmatic and fiscal accountability to better serve those populations identified in need.

Tennessee’s prevention services remain fairly fragmented and without a comprehensive strategy. It is essential that the Tennessee Prevention System become comprehensive in its partnerships and approaches. State government must achieve a balance between giving support to Tennessee’s local communities and allowing the communities the freedom of self-determination. Local communities must be armed with adequate tools and resources to successfully collaborate, provide services, and achieve outcomes. We must move toward coordinated strategies, such as community coalitions and parent groups, rather than depending on individual agency responses. Our families must be supported in their commitment to ensuring healthy lifestyles and choices. Families and communities must be afforded the autonomy to prioritize their needs and select the strategies that will be used to address those needs. At the same time, local efforts must be held accountable for doing their part to move the state toward indicators of strengthened protective factors; reduced risk factors and delayed onset and reduced rates of alcohol, tobacco and other drug use. This plan is designed to accomplish that balance.

The first component needed for the Tennessee Prevention System infrastructure is policy initiatives. Many of the factors influencing the well being of Tennessee's citizens, especially young people and their families, are external factors. The first concern in preventing large numbers of behavioral problems (including ATOD use) is to improve environments and systems that affect how well individuals flourish.

Our challenge in Tennessee is to create a statewide prevention policy while recognizing the importance of local control in organizing a community-wide effort, identifying prevention needs, and selecting strategies. Prevention policies must be well designed, ensuring that stakeholders are engaged and working together to implement strategies that can mobilize and maintain a proactive effort. With this in place, infrastructure mechanisms are flexible and can be more readily modified as new policy directions evolve.

The second key component necessary for the Tennessee Prevention System is adequate resources. The majority of funding for Tennessee's prevention effort comes from federal "flow-through" dollars. The Bureau administers this funding, in addition to state general revenue appropriations, for alcohol, tobacco, and other drug use prevention activities. The Bureau provides program oversight and management in order to distribute state and federal funds to local schools, local organizations or local governments.

In addition to fiscal resources, an effective infrastructure must also include adequate human resources to meet the needs of the population. Prevention programs in community entities must be staffed with qualified and experienced professionals who provide appropriate services. These individuals need the administrative support to facilitate program activities that directly relate to successful outcomes for children, youth, and families.

Information resources must be current and technology resources must be state of the art. In order to plan and deliver effective services, prevention agencies and organizations must have access to information on science-based programs and the needs of the population they serve. Media campaigns can assist in getting the message to urban and rural communities that alcohol, tobacco, and other drug use is harmful.

All prevention agencies, organizations, programs, and schools must have the capacity to fully utilize technological communication. Staff must have access to adequate technology resources and be fully trained in technology. Electronic technology can assist in obtaining and disseminating current information on prevention.

Third, the Tennessee Prevention System must include collaboration at all levels of the system, a strategy critical for success. All elements of the health and well being of citizens and communities are interconnected; therefore, the very nature of prevention requires collaboration for success. Collaboration means more than sharing information. Collaborators act together to meet a mutually identified goal and they believe their common efforts to be mutually beneficial. They strive to carry out a common mission

through a shared vision. This process starts with understanding different agendas, arriving at common ground, sharing in decision making, and taking unified action. The inclusion of representatives from multiple sectors, as well as members of diverse cultural, ethnic, gender and economic groups enriches the collaboration effort. It is essential that state agencies providing alcohol, tobacco, and other drug prevention services work together in a deliberate and ongoing manner. Key collaboration issues at both the state and local levels will initially involve the adoption of common elements such as the theoretical framework for prevention and common language, definition of terms, and indicators of success. Long-term anticipated benefits of collaboration are:

- reducing unnecessary service duplication;
- fostering cooperation over competition;
- defining commonly held priorities and goals;
- developing thoughtful public policy;
- investing local, state and federal resources in ways that achieve meaningful results; and
- providing a mechanism to measure the effectiveness of efforts statewide.

The fourth component essential to a comprehensive and effective statewide prevention system is a commitment to quality through research and evaluation. Prevention professionals now must determine how to move with determination toward accountability of programs and toward best practices, especially those that have been rigorously evaluated. We will move forward by utilizing model programs and practices that reflect an overarching conceptual framework, shared terminology, and standardized technologies for constructing accountability and gathering performance data. Data must be collected and used to determine need, develop services, fine-tune implementation, and evaluate outcome. Both at the state and community levels, effective evaluation will promote effective strategic planning and will allow prevention service providers to leverage resources and manage initiative operations more effectively.

It is important to look to the future to build a state that is free from misuse of alcohol, tobacco, and other drugs. A strong infrastructure based on well-developed and comprehensive policies, adequate resources, and a collaborative framework at the state and local levels will better ensure success in reaching our prevention goals. Promoting science-based prevention will serve as the impetus and example for Tennessee communities. Through a comprehensive and planned approach, Tennessee will be in a better position to reach its goals to protect Tennessee's youth from substance abuse and to reduce the demand for drugs.

STATUS OF TENNESSEE'S PREVENTION SYSTEM

Prevention Policy

September 2001, the State of Tennessee, along with Community Health Research Group of the University of Tennessee, proposes to conduct a survey of youth alcohol, tobacco, and other drug use behavior and related risk and protective factors in State history.

Middle school students, grades 6-8, are expected to respond to the Tennessee Youth Survey. The instrument taps domains across the Hawkins, Catalano, and Miller (1992) risk and protective factors model. Questions from the Tennessee Alcohol, Tobacco, and Other Drugs (ATOD) High School Survey of 1995/1997 are also used, many drawn from Monitoring the Future. This is essential as replication of key questions in the 9th-12th grade survey of 102,000 Tennessee youth in the middle school survey will allow us to compare 6th-8th graders with their peers in high school. Their responses will provide the state and its counties with an extensive assessment of the prevalence of youth alcohol, tobacco and other drug use. Communities will use this data to set prevention priorities, identify key target populations, and select the best strategies for their local needs. This consistent source of quality information will improve assessment and evaluation of local and community prevention efforts. Because of this attention, Tennessee will be in a much better position to effectively address alcohol, tobacco and other drug use prevention issues than it has been in the past.

Prevention Resources

The majority of funding for Tennessee's prevention effort comes from federal "flow-through" dollars. The Bureau is the primary administrator for the funds because we have the capacity, the mandate, and the experience to administer statewide projects. The Bureau also provides program oversight and management.

Prevention Collaboration

The communities that are most successful in reducing alcohol, tobacco, or other drug use are organized and cooperative in their efforts. There have been highly successful examples of local collaboration in Tennessee, especially in building community coalitions. Several Tennessee groups and/or agencies have received federal Drug-Free Communities grants over the years. This grant program funds active anti-drug community coalitions. However, Tennessee and its communities have not been coordinated or intentional in gaining consistent benefits from collaboration. Substance abuse prevention services have been funded and provided by a multiplicity of state and local agencies working independently. As a result of this fragmentation, some communities have multiple prevention services, while others have none at all. Tennessee has an opportunity to commit to a course of action that supports a coordinated plan for prevention involving all state departments that fund prevention.

Prevention Research and Evaluation

In order to use federal or state funds for prevention, Tennessee must require all state agencies and their contractors to be accountable for performance outcome measures.

RECOMMENDATIONS TO STRENGTHEN TENNESSEE'S PREVENTION SYSTEM

As described above, this plan presents recommendations in four areas—policy, resources, collaboration, and research and evaluation. In this section, general recommendations are made for each area.

Prevention Policy Recommendations

Prevention policies must not only address programming, but also the community environment and the ease with which communities can organize to reduce local alcohol, tobacco, or other drug use and/or abuse rates. It is important that state and local policy makers continue to develop legislation and policies based on the guiding principles of the Tennessee Prevention System.

Recommendation 1.

Develop and implement strategies to assist and support statewide coalitions building that target young people as one of the most promising drug prevention approaches.

Recommendation 2.

Organize state-level support for a system to evaluate prevention needs, program services and outcomes in order to achieve Tennessee's prevention goals and objectives.

Recommendation 3.

Adopt standards for effective alcohol, tobacco, and other drug use prevention programs, including common performance measures based on the risk and protective factor conceptual framework and drug-use prevalence measures.

Recommendation 4.

Coordinate a state level initiative to ensure that current laws and policies adequately support the Tennessee Prevention System at the state and local levels.

Prevention Resources Recommendations

To ensure an effective Tennessee Prevention System, adequate fiscal, informational, technological, and human resources must be established. These resources will better enable agencies, organizations, programs, and schools to comprehensively provide effective prevention services.

Recommendation 5.

Ensure a knowledgeable and skilled professional and volunteer workforce through the provision of training and technical assistance that will continuously build human resources and advance the state of the art in prevention.

Recommendation 6.

Increase the capacity of agencies, organizations and schools to provide prevention services through enhanced information resources.

Technology Resources

Recommendation 7.

Ensure that all prevention agencies, organizations, programs, and schools have the capacity to fully use technological communication.

Prevention Collaboration Recommendations

Coordinated leadership among state agencies will provide the collaboration necessary for the Tennessee Prevention System. Local organizations, agencies, and groups coming together to meet common alcohol, tobacco, and other drug prevention goals will result in a unified effort and increase overall effectiveness.

Recommendation 8.

Maintain a model State-level prevention coalition of key state agencies and organizations that can be mirrored at the local level to ensure comprehensive services for the community.

Prevention Research and Evaluation Recommendations

The success of the Tennessee Prevention System requires a commitment to research and evaluation at the state level and replication within local programs.

Recommendation 9.

Integrate the most current science-based strategies in prevention evaluation design at all levels of the system.

Recommendation 10.

Evaluate the long-term impact of prevention services in terms of predetermined outcomes that correlate with the goals and objectives set by the Bureau.

Recommendation 11.

Disseminate evaluation findings that are clear and maximally useful so that results can guide further policy decisions.



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